

Paramedic Licensure - Exam Policy

July 1999

RE: §157.40.Paramedic Licensure. (b) Process for those applying for a paramedic license. A candidate for licensure under this section shall:
(6) achieve a passing grade on the department's written examination or pass the National Registry examination, if the candidate is not currently certified as an paramedic; and

Background:

The Bureau has been asked to consider an option for a written exam for initial paramedic licensure candidates who have current paramedic certification. The concern was the length of time between evaluations for medics who were granted paramedic licensure. It is possible that a licensed paramedic will not be required by rule to take any type of written evaluation for up to 8 years (see example). This policy allows a medic to complete a written exam, upon licensure, when requested by their medical director. Like the CE written evaluation for recertifying paramedics, the licensure exam score will have no bearing on licensure status.

Bureau Policy #99-E - Exam Policy, does not permit administration of exams not mandated by rule. However, this test is only an assessment tool provided by the Bureau as a service for optional use by medical directors. The results do not impact a paramedic's licensure status. Moreover, the decision to require this test rests solely with the medical director. Therefore, Policy #99-E does not apply.

Example:

- Paramedic certification exam passed and certification granted - August 1995
- Paramedic licensure granted, no exam required- June 1999
- Paramedic licensure renewal due June 2003, passing exam is required

Policy:

The Bureau will make available a paramedic exam to be given, at the request of the medical director, to eligible candidates for paramedic licensure or those individuals who have been granted initial licensure. The Bureau has made the following determinations:

- This option is only available at initial licensure and within 6 months of licensure application date.
- Initial licensure will not be detained due to the exam request.
- Exam failure will not deny licensure, nor will it be cause for revocation.
- Results will be sent to the candidate and their medical director(s).
- The Bureau will not establish or make recommendations regarding a cut-off score on this test.

Process for requesting a paramedic licensure exam:

- No fee, in addition to the initial license application fee, will be required.
- The candidate will be responsible for scheduling an exam seat assignment through their region office staff prior to taking the exam.
- At the test site, the candidate will submit a completed Initial Paramedic Licensure - Request for Exam form.

Gene Weatherall, Chief
Bureau of Emergency Management
Signed July 16, 1999

Policy #99-P



Texas Department of Health

Bureau of Emergency Management

Initial Paramedic Licensure - Request for Exam

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)
All information given on this form is considered public record, with exception of social security number*.

Do not mail this form with your Paramedic Licensure application. Present this completed form at the test site. Contact your local public health region office for scheduling an exam seat assignment prior to the desired test date. Completion of this form allows a paramedic licensure candidate (or licensee) to complete the paramedic written exam, when requested by their medical director, in accordance with Policy 99-P (see reverse).

Section A: Personal Data

_____		_____	
Print last name, first name of licensee		EMS ID number or SS number*	
_____		_____	
Mailing address of licensee	City	State	Zip

Section B: EMS Provider Information

I have not notified TDH of my employment (volunteer or paid status) with the following EMS provider:	
TDH firm/registration number	_____
Print name of EMS firm	_____
Firm's mailing address	_____
City, State, Zip	_____
Attach additional sheets if necessary	

Section C: Licensee and Medical Director

I and the undersigned medical director understand this exam is not mandated by EMS rules or law. I am taking this exam at the request of my medical director and results will not affect my licensure status. We acknowledge this service is provided by TDH only if testing is completed within 6 months of initial licensure application date.	
_____	_____
Signature of medical director requiring the exam	Date

Print last name, first name of medical director	
_____	_____
Signature of licensee	Date
9 This is a request for re-test. Medical director signature not required for retest. Original on file.	

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.

(Form updated 2/02)